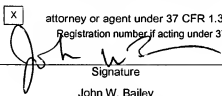


|                                                                                                                                                                                                                                       |            |                                           |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                                                            |            | Docket Number (Optional)<br>0020-5295PUS1 |           |
| Application Number<br>10/507,133-Conf. #2676                                                                                                                                                                                          |            | Filed<br>September 10, 2004               |           |
| For <b>MAGNETIC TAPE</b>                                                                                                                                                                                                              |            |                                           |           |
| Art Unit<br>1773                                                                                                                                                                                                                      |            | Examiner<br>K. M. Bernatz                 |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.                                                                                                |            |                                           |           |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):                                                                                                                       |            |                                           |           |
|                                                                                                                                                                                                                                       | <u>Fee</u> | <u>Small Entity Fee</u>                   |           |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                     | \$120      | \$60                                      | \$ 120.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                               | \$450      | \$225                                     | \$        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                             | \$1020     | \$510                                     | \$        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                              | \$1590     | \$795                                     | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                              | \$2160     | \$1080                                    | \$        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                       |            |                                           |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                                                |            |                                           |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                           |            |                                           |           |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                 |            |                                           |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet. |            |                                           |           |
| I am the <input type="checkbox"/> applicant/inventor.                                                                                                                                                                                 |            |                                           |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.                                                                                                                                                  |            |                                           |           |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).                                                                                                                                                                         |            |                                           |           |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____                                                                                                                                                       |            |                                           |           |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.                                                                                                                                                              |            |                                           |           |
| Registration number if acting under 37 CFR 1.34                                                                                                                                                                                       |            | 32,881                                    |           |
| <br>Signature                                                                                                                                        |            | July 20, 2006<br>Date                     |           |
| John W. Bailey                                                                                                                                                                                                                        |            | (703) 205-8000                            |           |
| Typed or printed name                                                                                                                                                                                                                 |            | Telephone Number                          |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |            |                                           |           |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.                                                                                                                                                                       |            |                                           |           |